

1998

NORTH CAROLINA

PARTNERSHIP INCOME TAX RETURN

NORTH CAROLINA DEPARTMENT OF REVENUE, P.O. BOX 25000, RALEIGH, NC 27640-0640

Form D-403

FOR CALENDAR YEAR 1998 or other taxable year beginning ... , 1998 and ending ... , 19

Name of partnership (please type or print) Federal Employer Identification No. Present address County Check applicable boxes City or town State ZIP Code Initial Partnership Return 1 [] Initial LLC Return 2 [] Amended Return 3 [] Final Return 4 []

[] Check here if entity is a LIMITED LIABILITY COMPANY (LLC). Enter N. C. Secretary of State I. D. number

If entity converted to an LLC during the tax year, enter name of the entity prior to conversion:

ATTACH A COPY OF THE FEDERAL PARTNERSHIP RETURN, FORM 1065 AND COPIES OF ALL SCHEDULES, INCLUDING EACH FEDERAL K-1. DOES THE PARTNERSHIP HAVE ANY PARTNERS WHO ARE NONRESIDENTS OF N.C.? [] YES [] NO

SCHEDULE A - ADJUSTMENTS TO INCOME OR LOSS FROM U.S. PARTNERSHIP RETURN, FORM 1065 (See instructions for Schedule A).

Table with 15 rows for adjustments to income or loss. Columns include line number, description, and amount. Total tax due for nonresident partners is 00.

SCHEDULE B - APPORTIONMENT PERCENTAGE FOR PARTNERSHIPS HAVING ONE OR MORE NONRESIDENT PARTNERS AND OPERATING IN NORTH CAROLINA AND IN ONE OR MORE OTHER STATES

Table for Apportionment Percentage. Includes columns for 'IN NORTH CAROLINA' and 'TOTAL EVERYWHERE' with sub-columns for 'BEGINNING OF TAXABLE YEAR' and 'END OF TAXABLE YEAR'. Rows include Property, Payroll, and Sales factors.

SCHEDULE C - PARTNERS' SHARES OF INCOME, ADJUSTMENTS, TAX CREDITS, ETC. (Complete Columns 1 through 7 below.)			
Column 1 NAME AND ADDRESS OF EACH PARTNER - GIVE STREET AND NUMBER OR P. O. BOX NUMBER, CITY OR TOWN, STATE, AND ZIP CODE	Column 2 SOCIAL SECURITY NUMBER OR FEDERAL EMPLOYER I.D. NO.	Column 3 PARTNERS' SHARES %	Column 4 TYPE OF PARTNER: (IND.,CORP.,PART., ETC.)
a.			
b.			
c.			
d.			

Column 5 ADDITIONS TO FEDERAL TAXABLE INCOME (FROM SCH. A, LINE 2, PAGE 1)	Column 6 DEDUCTIONS FROM FEDERAL TAXABLE INCOME (FROM SCH. A, LINE 4, PAGE 1)	Column 7 TAX CREDITS (ATTACH SEPARATE SCHEDULE)	
a.			
b.			
c.			
d.			
Total	00	00	00

SCHEDULE D - COMPUTATION OF TAX DUE FOR NONRESIDENT PARTNERS (Complete Columns 8 through 18 below.)			
Column 8 GUARANTEED PAYMENTS TO NONRESIDENT PARTNERS APPLICABLE TO THE INCOME ON LINE 8, SCHEDULE A	Column 9 PERCENTAGE FROM COLUMN 3 TIMES AMOUNT ON LINE 8, SCHEDULE A	Column 10 TOTAL (ADD COLUMNS 8 AND 9)	Column 11 APPORTIONMENT PERCENTAGE (FROM LINE 2, SCHEDULE B)
a.			%
b.			%
c.			%
d.			%
Total	00	00	00

Column 12 (COLUMN 10 TIMES COLUMN 11)	Column 13 GUARANTEED PAYMENTS TO NONRESIDENT PARTNERS APPLICABLE TO THE INCOME ON LINE 9, SCHEDULE A	Column 14 PERCENTAGE FROM COLUMN 3 TIMES AMOUNT ON LINE 9, SCHEDULE A	Column 15 NORTH CAROLINA TAXABLE INCOME ADD COLUMNS 12,13, AND 14
a.			
b.			
c.			
d.			
Total	00	00	00

Column 16 TAX DUE (SEE TAX RATE SCHEDULE BELOW)	Column 17 TAX CREDITS ALLOCATED TO NONRESIDENT PARTNERS (FROM COLUMN 7 ABOVE)	Column 18 NET TAX DUE (COLUMN 16 MINUS COLUMN 17)	
a.			
b.			
c.			
d.			
Total	00	00	00

IMPORTANT:
The partnership must provide each partner an NC K-1 or other information necessary for the partner to prepare the appropriate North Carolina tax return. (See instructions.)

TAX RATE SCHEDULE		
If the amount of each nonresident partner's share of North Carolina taxable income (from column 15) is more than	But not over	The tax is
\$0	\$12,750	6% of the taxable income
\$12,750	\$60,000	\$765 + 7% of taxable income over \$12,750
\$60,000	-- --	\$4,072.50 + 7.75% of taxable income over \$60,000

I certify that, to the best of my knowledge, this return is accurate and complete.

If prepared by a person other than taxpayer, this affirmation is based on all information of which preparer has any knowledge.

Signature of managing partner _____ Date _____

Signature of preparer other than managing partner _____ Date _____

() _____

Address _____

Telephone number (see instructions)

CERTIFICATION: This certifies that this partnership does (does not) hold property including wages, accounts payable, etc., belonging to another person or persons which has been unclaimed or abandoned pursuant to G. S. 116B.

NORTH CAROLINA DEPARTMENT OF REVENUE

PARTNER'S SHARE OF NORTH CAROLINA INCOME, ADJUSTMENTS, TAX CREDITS, ETC.

For calendar year _____

or other taxable year beginning _____, ending _____

A partnership doing business in North Carolina uses Schedule NC K-1 to report your share of the partnership's income, adjustments, tax credits, etc. You should use the information on Schedule NC K-1 to complete the appropriate North Carolina tax return. Please keep a copy of Schedule NC K-1 for your records. You do not have to file it with your tax return; however, you may use it as supporting documentation for the distributive share items shown below that are claimed on your tax return.

1 Partner's identifying number ▶	2 Partnership's identifying number ▶	
3 Partner's name, address, and ZIP code	4 Partnership's name, address, and ZIP code	
(a) Distributive share item	(b) Amount	(c) Individuals who file Form D-400, enter the amount in column (b) on:
5 Partner's share of partnership income	5	(This amount should already be included in federal taxable income)
6 Partner's share of additions to federal taxable income	6	Page 2, line 33, Form D-400
7 Partner's share of deductions from federal taxable income	7	Page 2, line 40, Form D-400
8 Partner's share of tax credits	8	Form D-400TC (See Form D-400 instructions)
9 Nonresident partner's share of North Carolina taxable income	9	Page 2, line 43, Form D-400
10 Nonresident partner's share of net tax paid by the manager of the partnership	10	Page 1, line 14c, Form D-400
11 Partner's share of tax withheld from nonwage compensation paid for personal services performed in NC	11	Page 1, line 13, Form D-400